

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008384

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2489

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

40073

3

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12530

13

53

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

Registration District No.

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FILED MAR 15 1962

1. PLACE OF DEATH

a. COUNTY

Nil

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis, Missouri

Length of stay in lb

1 wk

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Bethesda Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St. Louis

c. CITY

OR TOWN

Webster Groves 19, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

428 Bacon Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Alphonse

Middle

Garfield

Last

Link

4. DATE OF DEATH

Month

March

Day

4

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-14-1882

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR INDUSTRY

Delicatessen

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William F. Link

13b. MOTHER'S MAIDEN NAME

Mathilda Bunnard

14. NAME OF HUSBAND OR WIFE

Emma Wiese Link

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Emma S. Link 428 BACON AVE 10.6.19

18. CAUSE OF DEATH (Enter only one cause per line for each part)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

(1) Pleural Effusion - bilateral (2) Pulmonary Congestion

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-11-61

to

3-4-62

and last saw her/him alive on

3-3-62

Death occurred at

3-4-62

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Vincent F Pounsand MD

22b. ADDRESS

3101 S Sutton Ave Maplewood Mo

22c. DATE SIGNED

3-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

3-6-1962

23c. NAME OF CEMETERY OR CREMATORY

VALHALLA

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mittelberg 23 W. Lockwood

25. DATE RECD. BY LOCAL REG.

MAR 5 1962

26. REGISTRAR'S SIGNATURE

Dean Smith. M.D.

*an all 2007-08*  
**STATEMENT-BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

*with (4) initials - one of*  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis Mo*

*2-11-5*  
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.